

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550898

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	0					
11	0					
12	/					
13	1					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	0					
22	0					
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2		2			
TOTAL DEP.	34	←	22	←		
TOTAL CLAIMS	36		24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						